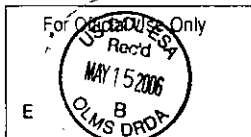


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6967	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Daniel T Carroll P.O. Box, Bldg., Room No., if any Street 5125 SE Roethe RD City Milwaukie State OR ZIP Code + 4 97267	4. Name, file number, and address of labor organization. Name SMWIA Local 16 Labor Organization File Number 035-340 P.O. Box, Building and Room Number, if any Street 2377 NE 178th Suite 16 City Portland State OR ZIP Code + 4 97230-5957
5. Position in labor organization. Union Trustee	

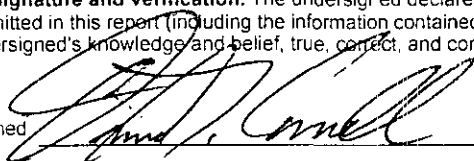
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

5-12-06

Date

503-257-1022

Telephone Number

Name of Person Filing <u>Daniel Carroll</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p style="padding-left: 40px;">a. Labor Organization</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Sheet Metal Workers Local 16 Union Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>PO Box 4149</u></p> <p>City <u>Portland</u></p> <p>State <u>OR</u> ZIP Code + 4 <u>97208</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><u>International Foundation Trustee Training</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>868.56</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><u>Actual Reimbursement for Expenses to Training Session</u></p> <hr/> <p>12.b. Amount. <u>868.56</u></p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>SIMACNA</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4380 SW Macadam Suite 250</u></p> <p>City <u>Portland</u></p> <p>State <u>OR</u> ZIP Code + 4 <u>97201</u></p>	<p>14.a. Nature of payment.</p> <p style="font-size: 1.2em;"><u>Xmas Party Dinner</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>50-</u></p>

Name of Person Filing <u>Daniel T Carroll</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9 b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Wages for Training Instructor

11.b. Approximate dollar value of such dealing.

74,090

12.a. Nature of interest held or income received.

Income reported on W-2 for week as training instructor

12.b. Amount

74,090

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <i>Daniel T. Carroll</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <i>International Training Institute</i> Trade Name, if any: <i>for the Sheetmetal Industry</i> P.O. Box, Bldg., Room No., if any Street <i>601 N Fairfax St Suite 240</i> City <i>Alexandria</i> State <i>Virginia</i> ZIP Code + 4 <i>22314</i>	11.a. Nature of such dealing. <i>TAB Certification Test</i> 11.b. Approximate dollar value of such dealing. <i>391.77</i> 12.a. Nature of interest held or income received. <table><tr><td><i>Consulting</i></td><td><i>300</i></td></tr><tr><td><i>Per diem</i></td><td><i>75</i></td></tr><tr><td><i>Travel</i></td><td><i>16.77</i></td></tr></table> 12.b. Amount. <i>391.77</i>	<i>Consulting</i>	<i>300</i>	<i>Per diem</i>	<i>75</i>	<i>Travel</i>	<i>16.77</i>
<i>Consulting</i>	<i>300</i>						
<i>Per diem</i>	<i>75</i>						
<i>Travel</i>	<i>16.77</i>						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <i>N/A</i>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <i>Daniel T. Carroll</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *International Training Institute*

Trade Name, if any: *for the Sheetmetal Industry*

P.O. Box, Bldg., Room No., if any

Street *601 N Fairfax St Suite 240*

City *Alexandria*

State *Virginia* ZIP Code + 4 *22314*

11.a. Nature of such dealing.

TAB Certification Test

11.b. Approximate dollar value of such dealing.

1277.12

12.a. Nature of interest held or income received.

<i>consulting</i>	<i>900</i>
<i>Per diem</i>	<i>225</i>
<i>Travel</i>	<i>152.12</i>

12.b. Amount.

1277.12

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <i>James T. Carroll</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *International Training Institute*

Trade Name, if any: *for the Sheetmetal Industry*

P.O. Box, Bldg., Room No., if any

Street *601 N Fairfax St Suite 240*

City *Alexandria*

State *Virginia*

ZIP Code + 4 *22314*

11.a. Nature of such dealing.

TAB Certification Test

11.b. Approximate dollar value of such dealing.

392.89

12.a. Nature of interest held or income received.

<i>consulting</i>	<i>300</i>
<i>Per diem</i>	<i>75</i>
<i>Travel</i>	<i>17.89</i>

12.b. Amount.

392.89

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <i>David T Carroll</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <i>International Training Institute</i> Trade Name, if any: <i>for the Structural Industry</i> P.O. Box, Bldg., Room No., if any Street <i>601 N Fairfax St Suite 240</i> City <i>Alexandria</i> State <i>Virginia</i> ZIP Code + 4 <i>22314</i>	11.a. Nature of such dealing. <i>TAB Conference</i> 11.b. Approximate dollar value of such dealing. <i>925</i> 12.a. Nature of interest held or income received. <i>Consulting 600</i> <i>Per Diem 225</i> <i>Lodging 303.02</i> 12.b. Amount. <i>925 1128.02</i>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <i>N/A</i>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>David T. Carroll</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

9. Business deals with:

- a. Labor Organization
☒ b. Trust
c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute
Trade Name, if any: for the Sheetmetal Industry
P.O. Box, Bldg., Room No., if any
Street 601 N Fairfax St Suite 240
City Alexandria
State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Service Instructor Training

11.b. Approximate dollar value of such dealing.

4666 59

12.a. Nature of interest held or income received.

<u>Consulting</u>	<u>2700</u>
<u>Lodging</u>	<u>1363.59</u>
<u>Per Diem</u>	<u>400</u>
<u>Travel</u>	<u>203</u>

12.b. Amount.

4666 59

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

N/A

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <i>Daniel T. Carroll</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *International Training Institute*

Trade Name, if any: *for the Sheetmetal Industry*

P.O. Box, Bldg., Room No., if any

Street *601 N Fairfax St Suite 240*

City *Alexandria*

State *Virginia* ZIP Code + 4 *22314*

11.a. Nature of such dealing.

Service Tech Training

11.b. Approximate dollar value of such dealing.

443

12.a. Nature of interest held or income received.

240 Per Diem
203 Travel

12.b. Amount.

443

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Daniel T. Carroll</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute

Trade Name, if any: for the Sheetmetal Industry

P.O. Box, Bldg., Room No., if any

Street 601 N Fairfax St Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Service Tech Training

11.b. Approximate dollar value of such dealing.

525-

12.a. Nature of interest held or income received.

Per Diem 240

Travel 285

12.b. Amount.

525-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.